EDUCATION STRATEGY—ADP 7235C

Prevention Activities Data System Reporting Period Dates: 7/1/1999 through 6/30/2000

See the reverse side for instructions on completing this form.

SECTION A. PROVIDER/PROGRAM INFORMATION			TOP 111	a D 1875		
1. COUNTY NAME		4.		S DATE		
2. PROVIDER NAME						
3. CONTACT PERSON'S NAME		6.		IONE NO.()		
7. STRATEGY STATUS: Existing Services Expansion of Services New or Enhanced Services						
SECTION B. PARTICIPANT BASED 1. SERVICE POPULATIONS. Check ($$) all boxes that apply. The populations with an asterisk (*) are considered high-risk categories.						
(b) Children of Substance Abusers* (m) IV Drug Us (c) Civic Groups/Coalitions (n) Law Enforce (d) College Students (o) Lesbian/Gay (e) Delinquent/Violent Youth* (p) Middle/Jr H (f) Economically Disadvantaged* (q) Older Adult (g) Elementary School Students (r) Parents/Fan (h) General Population (s) People With (i) Government/Elected Officials (t) Persons Usi (j) Health Professionals (u) Persons With	m) IV Drug Users					
2. SERVICES. For each service delivered, check (√) the single most appropriate box for that activity. If "Yes," enter the number of times the service was provided in the "Frequency" column; enter the total number of persons served; and indicate if the number is actual or estimated in the appropriate column.						
SERVICE	√ Yes	√ No	Frequency	No. of Persons Served	l √ Actual	√ Estimated
(a) Children of Substance Abusers Groups						
(b) Classroom Educational Services						
(c) Educational Services for Youth Groups						
(d) Friday Night Live/Club Live						
(e) Mentoring						
(f) Parenting/Family Management Services						
(g) Peer Leader/Helper Program						
(h) Preschool ATOD Prevention Programs						
(i) Small Group Sessions						
(j) Theatrical Troupes						
(k) Other (specify)						
3. WHERE SERVICES OCCURRED. Please check (√) all boxes that apply. (a) Alternative Schools			(t)	(m) Transitional Housing (n) Treatment Facility (o) University/College (p) Work Place (q) Youth Clubs/Center (r) Other (specify)		
SECTION C. PARTICIPANT CHARACTERISTICS. In subsections C1., C2., and C3., enter the number of persons served as identified in Section B, No. 2. If an actual count is not possible, please estimate numbers. 1. RACE/ETHNICITY: (a) White, Not Hispanic (e) African American			(a) U1 (b) 5 - (c) 10	2. AGE (YEARS) 3. GENDER (a) Under 5		
(b) Asian or Pacific Islander (f) Multiracial/Multiethnic (e) 16 - 18						
(c) Hispanic/Latino (g) Other (d) Native American/ (specify)	r (f) 19 - 25					
Alaska Native (specify)			(5) 20	ver 55		

INSTRUCTIONS FOR COMPLETING EDUCATION STRATEGY—FORM ADP 7235C (Revised 7/1/99)

EDUCATION: This strategy involves two-way communication and is distinguished from the information dissemination strategy by the fact that interaction between the educator and/or facilitator and the participants is the basis of its activities. Services under this strategy aim to improve critical life and social skills, including decision-making, refusal skills, critical analysis, and systematic judgment abilities.

SECTION A. PROVIDER/PROGRAM INFORMATION

- 1. County Name: Enter the name of the county where the program is located.
- 2. **Provider Name**: Enter the complete name of the program as it appears on the contract with the county.
- 3. **Contact Person's Name**: Enter the name of the provider's contact person. This person may be the program director, executive director, or a designee.
- 4. **Today's Date**: Enter the date the forms are completed.
- 5. **Provider ID No.**: Enter the same numbers that were entered on Form 7235A, Section A, No. 3.
- 6. **Telephone No.**: Enter the area code and phone number (and extension, if any) of the person named in No. 3.
- 7. **Strategy Status**: Check "Existing Services" if the services began prior to the beginning date of the current reporting period; check "Expansion of Services" if existing services are being expanded by additional capacity, slots, caseload; and check "New or Enhanced Services" if new services are being added or additional service elements are expanded during the current reporting period.

SECTION B. PARTICIPANT BASED

- 1. **Service Populations**: Check all the appropriate boxes of the service population or group that received the prevention service. If a population is not listed, enter that population under the category of "Other."
- 2. **Services**: Check all the appropriate boxes to indicate the types of services provided, the frequency of deliveries, the number of persons served, and whether the number is actual or estimated. If a service is provided that is not listed, enter that service under the category of "Other."
- 3. **Where Services Occurred**: Check all the appropriate boxes where the services were provided. If a location is not listed, enter that location under the category of "Other."

SECTION C. PARTICIPANT CHARACTERISTICS

- 1. Race/Ethnicity: Enter the total number of participants in each race/ethnicity category. If an actual count is not possible, please estimate the numbers. Optional subcategories for Native American are: Multitribal Affiliation and Other Native American. Optional subcategories for Asian or Pacific Islander are: Japanese, Okinawan, Korean, Filipino, Chinese, Mixed-Part Hawaiian, Vietnamese, Cambodian, Native Hawaiian, Samoan, and Other Asian or Pacific Islander. Optional subcategories for Hispanic/Latino are: Puerto Rican, Mexican, Cuban, and Other Hispanic/Latino.
- 2. **Age**: Enter the total number of participants in each age category. If an actual count is not possible, please estimate the numbers.
- 3. **Gender**: Enter the total number of participants in each gender category. The category of "Other" could include male and female cross dressers, transvestites, female and male impersonators, pre-operative and post-operative transsexuals. If an actual count is not possible, please estimate the numbers.